

# **Commonwealth of Virginia**

## **Department of Medical Assistance Services**

### **RMS Time Study Manual For School-Based Medicaid Medical and Administrative Services**

**Effective October 1, 2015**

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## SECTION I

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### INTRODUCTION

School divisions are Local Educational Authorities (LEAs) that provide a range of health-related services to students on a daily basis to ensure their overall development. Some of the students served through school-health programs are covered by Medicaid or FAMIS (Family Access to Medical Insurance), joint state and federal health care insurance programs. Because Medicaid and FAMIS are funded at both the state and federal level, LEAs are eligible to be reimbursed for a portion of the costs associated with providing medical and administrative health services to Medicaid or FAMIS students. The Department of Medical Assistance Services (DMAS) is responsible for administering the Medicaid and FAMIS programs for the Commonwealth of Virginia.

School divisions provide two types of services that are eligible for Medicaid or FAMIS reimbursement. School divisions provide medical services such as occupational therapy, nursing or psychology services. These services are covered under the State Plan for Medical Assistance (Medicaid) or the State Child Health Plan (FAMIS). School divisions also provide administrative services that assist DMAS in the administration of Medicaid.

DMAS determines reimbursable personnel costs for medical and administrative services through the following steps:

- (1) Accumulating personnel costs for those involved in medical services and/or administrative services (many personnel are involved in both),
- (2) Multiplying the cost by percentages of time spent on either medical or administrative services using a statewide Random Moment Study (RMS) time study; and
- (3) Multiplying the above by the relevant Medicaid or FAMIS eligibility percentages.

DMAS uses a RMS to determine percentages of staff time devoted to medical or administrative services (step 2 above). This manual is intended to fully document the administration of the RMS (Section II) and to provide guidance to school division personnel completing the RMS (Section III). Section IV describes the RMS activity codes. This version of the manual is applicable for the period beginning October 1, 2008 and replaces the Interim Methodology.

For a full description of the cost reimbursement methodologies, school divisions should refer to the Medical Services Cost Report and Instructions for medical services and to the Administrative Claiming Manual for administrative services. This cost based reimbursement has been effective for medical services as of July 1, 2006 and for administrative services as of January 1, 2003. Claiming for medical services is done annually and claiming for administrative service is done quarterly.

## **SECTION II**

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### **ADMINISTRATION OF THE RMS TIME STUDY**

DMAS has overall responsibility for the administration of the RMS time study. DMAS has an interagency agreement with the Virginia Department of Education (DOE) to assist DMAS in the administration of the RMS. DMAS has contracted with the University of Massachusetts Medical School (UMASS) for the day to day administration of the RMS. Each school division also has a Medicaid coordinator (or a similar position) responsible for the administration of the RMS in the school division. Each school division participates in the statewide RMS.

#### **RMS Participants**

All school division personnel to be included in either the medical services cost report or the administrative services claim are eligible to participate in the RMS time study and will be included in the universe for purposes of sampling.

Each school division participating in the program must provide a list of personnel participating in the delivery of health services at the beginning of the school year with quarterly updates. Health related services are defined as any physical, emotional, behavioral or mental health issue which service providers may address with a student. School personnel eligible to participate in the RMS are based on the actual function that they perform rather than their job title.

There will be one statewide cost and time study pool for those personnel being claimed for administrative services only. Beginning with fiscal year 2011 there will be two cost and time study pools where there were formerly three pools for those personnel being claimed for medical services. The three former pools consist of nursing and medical personnel, psychological service personnel and other medical service personnel (primarily therapists). Beginning with fiscal year 2011 the nursing group will be combined with the psychological services group and the therapist group will remain separate making up the second medical group. An individual can be in only one pool. Refer to the job positions eligible for the time study in Section V and which pool they are eligible for. Medical services personnel to be included in the medical pools must be qualified Medicaid practitioners, who complete documentation required by Medicaid and who bill for qualified Medicaid services. Medical service personnel who do not meet these requirements can be included in the admin only pool. The information on these rosters will include the individual's name, job position, time study pool, FTE, federally funded percentage and ID number. Participants include salaried and contracted personnel and full and part-time personnel.

RMS responses for each pool are aggregated across all school divisions and each school division will use the statewide RMS time study results applied to each school division's costs for each pool and each school division's reimbursable percentages.

A random sample of participants in each cost pool is asked to participate in the RMS each quarter. All sampled time study participants who have not submitted their moment are contacted at least once before the end of the grace period and reminded to complete the sampled moment. All completed responses are used.

### **Minimum Response Rate and Non-Response Policy**

To be sure that the time study is completed properly, the Medicaid Coordinators and UMASS monitor response rates and provide assistance as needed, such as reminding individuals to complete the time study, and overall time study coordination.

If a participant has changed positions and is no longer working in a position that is eligible to participate in the time study, the time study moment would be excluded from the State's non-response rate calculation. Similarly, if a participant is no longer employed or retired and has not been replaced, the time study moment would also be excluded.

Non-response includes sampled moments not completed within five calendar days or responses that were not accurately coded based on the review by coding staff. The State will allow 5 calendar days from the time and date of the sampled moment for sampled time study participants to submit a completed moment. Responses not returned or not accurately completed will not be included in the time study results calculation. If the statewide return rate for valid responses for each pool is less than 85%, DMAS will add in additional responses coded as 100% non-Medicaid time to that cost pool until there are completed time studies equal to 85% of the total pool. To ensure that enough moments are received to have a statistically valid sample, DMAS will over-sample by 20%.

DMAS will also monitor response rates by school division to ensure that all participants are returning moments. If a school division has non-returns greater than 15% for all job groups combined in a quarter, DMAS will send a letter asking the Medicaid coordinator to explain the reasons for the non-returns. If a school division has non-returns greater than 20% for all job groups combined in a quarter, DMAS will send a letter asking the Medicaid coordinator to develop a corrective action plan. The letters will also notify the school division of the following monetary penalty if a school division has non-returns greater than 25% for two consecutive quarters. In that case, the school division will not be able to claim for the most recent quarter either for admin or medical and the school division responses will be excluded from the statewide time study results.

### **RMS Moments**

Each quarter, DMAS will determine the dates that each school divisions will be in session based on individual school division calendars. All days including and through the end of the school year will be included in the potential days to be chosen for the time study, even if they do not correspond to the calendar or fiscal quarter end date.

The total pool of “moments” within the time study is represented by applying each school division’s school calendar (most common start/end times for all schools within the school division will be determined) to potential participants eligible to participate in the RMS for that school division. The total pool of moments for the quarter does not include weekends, holidays, hours during which employees are not scheduled to work, state testing days and teacher work days.

Participants complete the time study for a randomly selected moment(s) during the three quarters that overlap with the school year. RMS quarters are defined as:

- October – December
- January – March
- April – June

An average of the RMS results is applied to the summer quarter, July-September. The summer quarter includes the beginning of the school year (late August and September), a few schools in a few school divisions with year round schedules and some students who receive services during summer school. While the medical services cost report is an annual cost report, according to the State Plan it is composed of four quarterly cost and time study components. This approach aligns quarterly costs with quarterly time study results.

### **Random Sampling of Moments/Participants**

DMAS uses a sampling methodology to achieve a level of precision of +/- 2% with a 95% confidence level for activities. Once compiled statewide, each time study pool is sampled to identify participants in the RMS. The participant sample is selected from each statewide time study pool using a statistically valid random sampling technique. Using a statistically valid random sampling technique, a desired number of random moments is also selected. Each moment is for a specific one minute interval that is within school working hours. Next, each randomly selected moment is matched up, using a statistically valid random sampling technique, with an individual from the total pool of participants.

Each time the selection of a minute and the selection of a name occurs, both the minute and the name are returned to the overall sample pool to be available for selection again. In other words, the random selection process is done with replacement so that each minute and each person are available to be selected each time a selection occurs. This step guarantees the randomness of the selection process. Results from the power analysis indicate that 2,401 sampled moments are required for each job group for each quarter. DMAS intends to oversample by 20% for a total of 2,881 moments. The statistician’s analysis with these results is included in section VI.

Each selected moment is defined as a specific one-minute unit of a specific day from the total pool of time study moments in the quarter and is assigned to a specific time study participant. Each moment selected from the pool is included in the time study and coded according to the documentation submitted by the employee.

## **Notify Participants about their Selected Moments and Monitor Responses**

The RMS participants are notified via email of their requirement to participate in the time study and of their sampled moment. Sampled participants will be notified of their sampled moment one day prior to the sampled moment, three hours prior to the sampled moment and at the sampled moment. At the prescribed moment, each sampled participant is asked to record and submit his/her activity for that particular moment online. The participant will also receive reminders one hour after the moment and daily until the random moment is completed or 5 calendar days has elapsed. The participant will not have access to the moment after 5 days has elapsed and the moment will be considered "incomplete expired."

DMAS, UMASS and Medicaid Coordinators will have access to reports that monitor the status of moments. The statuses and definitions can be found in Section VII.

Prior to calculating the time study results at the end of each quarter, the contractor will verify that at least 85% of the sampled moments have been completed.

## **Coding, Tabulating and Verifying RMS Results**

The time study will be completed online using a web-based system. All participants will see the same screens. The system will automatically code responses when some predefined answers are selected for all RMS questions. For all the questions, the participant is free to write his own answer. Furthermore, the following instructions will be included on the screen, "Review the list of possible responses for each question. If the list does not contain an option that **accurately** describes your response to that question use the box to type one that does."

If the participant does this for any question, the DMAS contractor will be responsible for coding the response. Coders will see different screens than participants so that they can review the answers and select the appropriate code. Neither participants nor coders will have access to screens that indicate the impact on a claim calculation. The contractor will follow up directly with participants whose response does not provide enough information to code. Once the additional information is obtained, a code will be assigned. If additional information is not submitted, the moment will be lost.

The contractor is responsible for tabulating the results from the on line time studies. All completed responses are included in tabulating results.

The on line system has several features that assure that the RMS is completed correctly. Predefined answers to each question are provided. Participants may select from the list, or provide a written response if the provided responses do not fully describe their activity. Respondents can select only one response for each question. Before the survey can be submitted on line, the respondent must check a box that says, "I certify that this information is complete and accurate." Both the DMAS contractor and the Medicaid coordinator can monitor incomplete time studies and all respondents with incomplete time studies are contacted at least once before the end of the time study period and reminded to complete the survey.



## **Training**

Three types of training will be conducted (1) Medicaid Coordinator Training, (2) Contractor Coding Staff Training and (3) Sampled Staff Training. The following is an overview of each training type.

### Medicaid Coordinator Training

DOE in conjunction with the DMAS contractor will provide initial training for the Medicaid Coordinators, which will include an overview of the RMS software system and information on how to access and input information into the system. It is essential for the Coordinators to understand the purpose of the RMS, the appropriate completion of the RMS, the timeframes and deadlines for participation, and that their role is crucial to the success of the program.

### Coding Staff Training

Central Coders will be employed by UMASS and will review the documentation of participant activities performed during the selected moments and determine the appropriate activity code. In some cases, when a participant chooses from the predefined answers, the coding will be completed systematically. If the participant writes a response to the RMS questions or chooses a combination of predefined answers that do not correspond to an activity code, the central coder will select the activity code. If the response provided is not sufficient to determine the appropriate activity code, the central coder will contact the participant for additional information about the moment. Once the information is received the moment will be coded and included in the final time study percentage calculation. The moments and the assigned codes will be reviewed for consistency and adherence to the state approved activity codes.

DOE/DMAS will provide training to the coding staff on an as needed basis. On a quarterly basis, DMAS will review a sample of the coding process and participant documentation for Quality Assurance to show the data submitted in the time study questionnaires support the code selected and therefore show the codes are valid and accurate. In addition to the quarterly review, at its discretion, DMAS can review the completed coding and original participant documentation at any time throughout the claim process or as needed for further review or audit purposes.

### Sampled Staff Training

Participants are trained on how to complete the RMS through the use of on line training instructions. Such instruction will include selecting answers from the list of predefined responses, drafting a written response, understanding the response deadline, and certifying and saving responses. All participants will be prompted to review such instructions during their initial randomly selected moment per quarter. Since all RMS responses will be reviewed by Central Coders, and these Coders will subsequently select the appropriate activity code, the staff training will focus on program requirements and the completion of the RMS survey. The staff training will not include an overview of activity codes since all coding will be completed by Central Coders.

## **Validation**

The contractor will randomly select a 10% sample of coded responses which will be submitted to DMAS each quarter for validation. The validation will consist of reviewing the participant responses and the corresponding code assigned by the contractor to determine if the code was accurate. DMAS will review the results and independently code the activity and compare it to the activity recorded by the coder. DMAS will communicate validation results to the contractor and will require the contractor to submit a corrective action plan if there is a variance.

## **Oversight and Monitoring**

DMAS with the assistance of DOE is responsible for oversight and monitoring of the time study program. In particular, DMAS monitors the activities of its contractor, UMASS, and DOE monitors the school divisions. This includes training, data collection and coding of responses. DMAS has assigned the responsibility to make recommendations on oversight and monitoring activities to a health reimbursement specialist in the Provider Reimbursement Division. All recommendations must be approved by the Manager for Cost Settlement and Audit in consultation with the division director. All contracts are also assigned a contract monitor. In addition to the validation described in the previous section,

1. DMAS reviews and approves the process for identifying the population and the sampling methodology and results based on quarterly reports submitted by UMASS. UMASS will submit a population report before each quarter the total population number by school division and the sample size picked by UMASS. UMASS will submit a report before and after each quarter with the name of the sampled respondent, the school division, the job title, the moment selected and for the post quarter report the response.
2. DMAS and DOE review and approve all training materials. UMASS submits a quarterly report to DMAS and DOE on training activities for the quarter.
3. UMASS will report quarterly on issues related to the time study, including the number of incomplete or contradictory responses initially and the final outcome and trends related to non-responders. DMAS will determine if a correction action plan is necessary.
4. DMAS will review and approve system coding of predefined answers to activity codes.
5. A summary report of time study results and trends is required to be provided to the CMS Regional Office on a quarterly basis.

## **Contact Information**

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## SECTION III

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### COMPLETING THE RMS TIME STUDY

The purpose of Section III is to guide participants in completing the RMS. The procedures are the same whether the individual performing the RMS is included in the admin only RMS pool or the medical/admin RMS pool. For each randomly selected moment, the participant should select the answer which best answers the following questions:

- What type of activity were you doing?
- What were you doing?
- Who were you doing it with?
- Why were you performing this activity?

In addition, sampled staff will certify the accuracy of their response prior to submission.

If none of the answers provided appropriately answer the question, the participant should provide a written response. The number of sampled moments must be completed within five calendar days after the sampled moment. Documentation of moments not received within the required time frame cannot be used in the calculation of the necessary number of moments needed to satisfy the level of precision of +/- 2% with a 95% confidence interval.

### Activity Codes

There is a code that will correspond with all functions performed by personnel completing the RMS. It is important that time is tracked according *to the activity* being performed *rather than for whom* the activity is being performed (whether or not a student is on Medicaid is **not** relevant for the time study). The activities are segregated to identify reimbursable (either medical or administrative) versus non-reimbursable costs. The RMS activity codes will be used by the contractor to code the participant's responses. The following chart lists the activity codes used in the time study and indicates whether the activity code is Medicaid reimbursable (either medical or administrative) or non-reimbursable. These activity codes were adopted directly from the May 2003 CMS Administrative claiming guide (see crosswalk in parentheses) with one exception. For Direct Medical Service, DMAS has split the code into IEP and non-IEP Related Services. These activity codes are mutually exclusive and ensure that there is no duplication of medical and administrative costs in the reimbursement methodologies. Activity codes are described in more detail in Section IV and examples are furnished.

Activity Codes	Reimbursable Category	Reimbursable Percent
A. Non-Medicaid Outreach (CMS Code 1.a)	No	
B. Medicaid Outreach (CMS Code 1.b)	Administrative	100%
C. Facilitating Application for Non-Medicaid Programs (CMS Code 2.a)	No	
D. Facilitating Application for Medicaid Programs (CMS Code 2.b)	Administrative	100%
E. School Related and Educational Activities (CMS Code 3)	No	
F1. Direct Medical Service (IEP Related Services) (CMS Code 4)	Medical	IEP Eligibility %
F2. Direct Medical Service (Non-IEP Related Services) (CMS Code 4)	No	
F3. Direct Medical Service (IEP Related and Non-IEP Related Services) (CMS Code 4)	Allocated*	IEP Eligibility %
G. Transportation for Non-Medicaid Services (CMS Code 5.a)	No	
H. Transportation Related Activities in Support of Medicaid Services (CMS Code 5.b)	Administrative	Medicaid Eligibility %
I. Non-Medicaid Translation (CMS Code 6.a)	No	
J. Translation Related to Medicaid Services (CMS Code 6.b)	Administrative	Medicaid Eligibility %
K. Program Planning, Policy Development and Interagency Coordination Related To Non-Medicaid Services (CMS Code 7.a)	No	
L. Program Planning, Policy Development and Interagency Coordination Related To Medicaid Services (CMS Code 7.b)	Administrative	Medicaid Eligibility %
M. Non-Medicaid Training (CMS Code 8.a)	No	
N. Medicaid Specific Training (CMS Code 8.b)	Administrative	Medicaid Eligibility %
O. Referral, Coordination, and Monitoring of Non-Medicaid Services (CMS Code 9.a)	No	
P. Referral, Coordination, and Monitoring of Medicaid Services (CMS Code 9.b)	Administrative	Medicaid Eligibility %
Q. General Administration (CMS Code 10)	Both	Allocated

\* Allocated between medical and non-reimbursable

### Reimbursable Percentages

For reimbursable activity codes, only the portion of that activity related to Medicaid, Medicaid Expansion or FAMIS is allowable. The reimbursable percentages are

determined separately for administrative and medical services for each school division and are described in detail in the Administrative Claiming Manual and the Cost Report Instructions.

For the Medicaid eligibility percent used for reimbursable administrative activities (except outreach and application assistance), the denominator will be the total student enrollment and the numerator will be student Medicaid recipients. DMAS will provide the school division a recipient file selected from the geographical area of the school division as of September 1, December 1, March 1 and June 1. School divisions must complete a Business Associate Agreement prior to receiving the recipient file describing the uses of the recipient file and confidentiality. School divisions will match the recipient file to its school enrollment and calculate the eligibility percent for Medicaid to be used in the administrative claim for that quarter. School divisions can independently verify Medicaid eligibility using eligibility verification methods available to all providers for students who are not on the geographic recipient file. Administrative activities related to outreach and application assistance are 100% reimbursable. DMAS does not claim FAMIS administrative costs.

For the IEP eligibility percent used for reimbursable medical services activities, the denominator will be the total number of students with an IEP and the numerator will be Medicaid, Medicaid expansion and FAMIS recipients with an IEP. DMAS will provide the school division a recipient file selected from the geographical area of the school division as of December 1. School divisions must complete a Business Associate Agreement prior to receiving the recipient file describing the uses of the recipient file and confidentiality. The denominator will be based on the annual child count of special education students on December 1 validated by the Department of Education. School divisions will match the recipient file to its special education students and calculate the eligibility percent for Medicaid, Medicaid expansion and FAMIS to be used in the medical services cost report for that school year. School divisions can independently verify Medicaid, Medicaid expansion and FAMIS eligibility using eligibility verification methods available to all providers for special education students who are not on the geographic recipient file.

The General Administrative time is allocated to all activities in proportion to each activity's cost as a percent of all non-General Administrative costs.

If a school division does not participate in either administrative or medical claiming, then those activities are not reimbursable for that school division.

## Using the Web-based RMS

UMASS makes available to school divisions an easy-to-use, secure method of completing the RMS that also complies with state and federal privacy guidelines and eliminates the need for schools to maintain paper documentation.

### Logging In

1. If you are logging in for the first time, you will receive an e-mail from [SchoolBasedClaiming@umassmed.edu](mailto:SchoolBasedClaiming@umassmed.edu) with your User ID, a temporary password, and a link to the SBC website.

- a) Click on the link: <https://www.chcf.net/chcfweb/>
- b) Type in, or copy and paste, your temporary password. Click “OK”.
- c) You will be prompted to create a new, private password, made up of eight characters.

NOTE: Your password must be a combination of eight or more letters and numbers. It is case sensitive so the capital and lower-case letters that you choose must be used exactly as you indicate. Your password will expire every 90 days at which time the system will prompt you to create a new one.

- d) Your User ID, composed of parts of your last and first name, will appear in the User ID field.
- e) Verify the password by typing it in a second time.
- f) Click “Save”.

NOTE: SBC is available 24 hours per day, 7 days per week.

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**SCHOOL-BASED CLAIMING**  
A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

Home

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**Change Password!**

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**User Access Agreement**

- Access to the Municipal Medicaid School-Based Claiming application (SBC), operated by the University Of Massachusetts Medical School on behalf of the Commonwealth of Massachusetts Department of Medical Assistance, has been established to aid school districts and local educational authorities in processing Administrative Activity and Direct Service claims more efficiently.
- Use of SBC is subject to the terms and conditions set out in the UMass Worcester User Access Agreement, which can be accessed by [clicking here](#) or going to Help User Access Agreement
- It is the responsibility of each individual user to understand and comply with the rules and spirit of these and all applicable policies, laws and regulations, and the responsibility of each participating school district to make sure that users from that district comply.

[Click here](#) to get back to the Home Page.

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**::: Change Password**

The following information is required for changing your password:

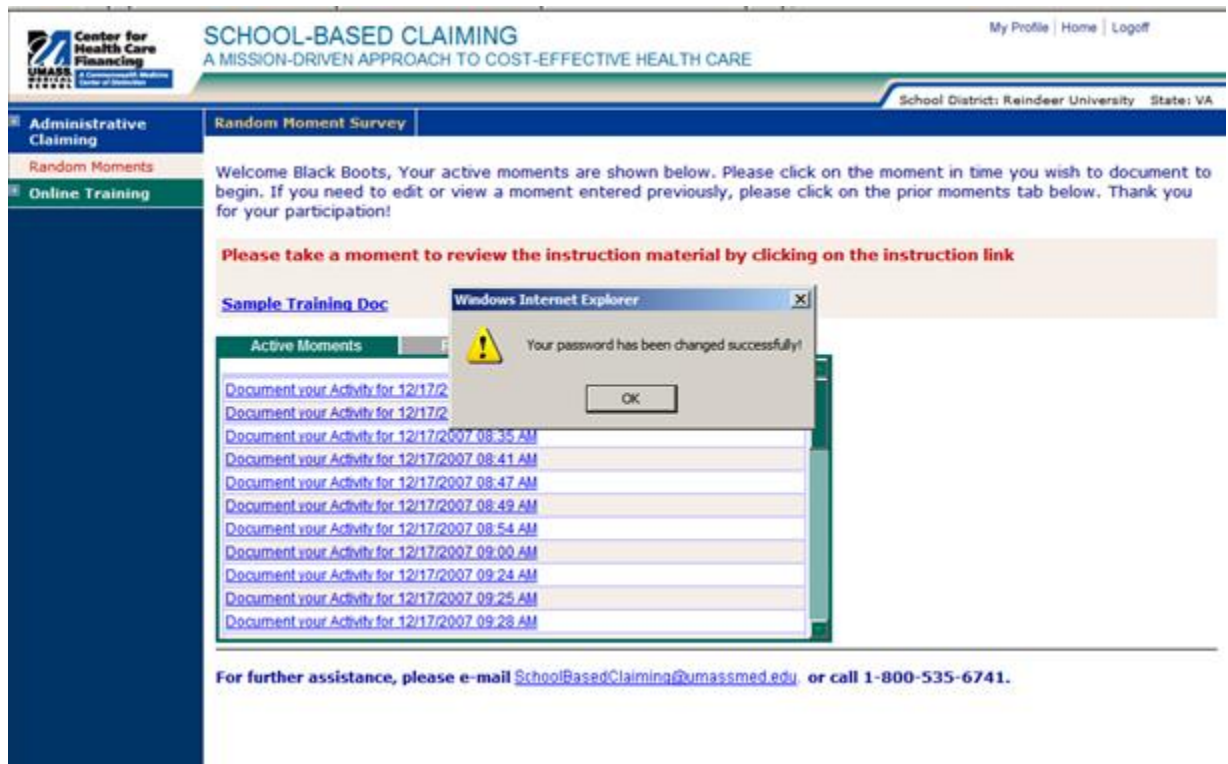
**User ID :**

**The password must be a minimum of 8 characters in length, include both letters and numbers, and is case sensitive.**

**New Password :**

**Confirm Password :**

NOTE: You will also receive confirmation of your successful password change when logging in for the first time.



The email address in the picture above was updated

2. If you have logged in before, log into SBC with your current User ID and password. The User ID will be displayed automatically if the “Remember Me” box is clicked.
3. The RMS page will appear on your screen.

### Explanation of RMS Screen

1. In this screen, your name and school division appear in the heading. Review this information to make sure that it is correct.
2. Active Moments are any moments that are currently available to be completed and are within the allowable grace period.



3. Click on the moment to complete the RMS survey.

NOTE: It is not possible to view future dates.

The email address below was updated

The screenshot shows the 'SCHOOL-BASED CLAIMING' web application. The header includes the UMMS logo, the title 'SCHOOL-BASED CLAIMING', the subtitle 'A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE', and user links 'My Profile | Home | Logoff'. Below the header, a navigation bar shows 'Administrative Claiming' as the active section, with sub-links for 'Random Moments' and 'Online Training'. The main content area is titled 'Random Moment Survey' and includes a welcome message for 'White Blouse'. It features a red banner with a link to 'instruction material' and a 'Sample Training Doc' link. A table with two tabs, 'Active Moments' and 'Prior Moments', displays two active moments with timestamps. Below the table, instructions for revising moments and a 48-hour grace period note are provided. At the bottom, contact information for assistance is listed.

Center for Health Care Financing  
UMMS MEDICAL CENTER  
A Commonwealth Medical Center of Excellence

SCHOOL-BASED CLAIMING  
A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

My Profile | Home | Logoff

School District: Elaine State: VA

Administrative Claiming

Random Moments

Online Training

Welcome White Blouse, Your active moments are shown below. Please click on the moment in time you wish to document to begin. If you need to edit or view a moment entered previously, please click on the prior moments tab below. Thank you for your participation!

Please take a moment to review the instruction material by clicking on the instruction link

Sample Training Doc

Active Moments Prior Moments

Document your Activity for 12/17/2007 06:03 AM

Document your Activity for 12/17/2007 10:45 AM

If you need to revise a previously documented moment, you may do so by clicking on the "Prior Moments" tab above.

Please Note: A prior moment may only be revised during the acceptable grace period for that moment. The Grace Period for completing or revising your activity is 48 hours from the Moment time.

For further assistance, please e-mail [SchoolBasedClaiming@umassmed.edu](mailto:SchoolBasedClaiming@umassmed.edu) or call 1-800-535-6741.

### Completing the RMS

1. There are two ways to complete the RMS survey:
  - a. Click on the "choose answer" link after each question and a list of predefined answers will appear. (See #1 in the screen print below.) Select the appropriate answer from the list by clicking on it. Then click 'Save.'
  - b. If none of the answers on the list are appropriate, type your answer in the 'Other Box' and click 'Save.' (See #2 in the screen print below.)

**SCHOOL-BASED CLAIMING**  
A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

My Profile | Home | Logoff

School District: Elaine State: VA

**Administrative Claiming**

**Random Moment Survey**

**Profile**

Participant : White Blouse Job Description

Observation Moment : 12/17/2007 06:03 AM

\* Who were you with? [Choose Answer](#)

\* What were you doing? [Choose Answer](#)

\* Why were you doing this? [Choose Answer](#)

☐ I certify that the answers submitted are accurate and complete.

Submit Close

Click "Choose Answer" to view predefined answers.

**SCHOOL-BASED CLAIMING**  
A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

My Profile | Home | Logoff

mac County Public Schools State: VA

**Administrative Claiming**

**Random Moment Survey**

**Profile**

Participant : White Blouse

Observation Moment : 12/17/2007 06:03 AM

\* What were you doing?

\* Who were you with?

\* Why were you doing this?

**Select Answer - Microsoft Internet Explorer**

[Providing medical services not in the IEP.](#)

[Eligibility meeting.](#)

[Providing medical services in the IEP](#)

[IEP meeting.](#)

[Staff meeting.](#)

Other:

Save Close

1

2

2. Repeat this process for all RMS questions.
3. The selected answers will appear below the question.

4. Review your answers and click the box next to 'I certify that the answers submitted are accurate and complete.' Click 'Submit' to save..
5. If an answer is incorrect, click on 'Choose Answer' and make another selection.
6. Clicking 'Close' will move you away from this screen without saving the data.

Note: After one hour of inactivity, the system will log out.

**Center for Health Care Financing**  
UMASS MEDICAL SCHOOL  
A Commonwealth Medicine Center of Distinction

**SCHOOL-BASED CLAIMING**  
A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

My Profile | Home | Logoff

School District: Elaine State: VA

**Administrative Claiming**  
Random Moments  
Online Training

**Random Moment Survey**

**Profile**  
Participant : White Blouse Job Description : RN/LPN

**Observation Moment : 12/17/2007 06:03 AM**

\* Who were you with? [Choose Answer](#)  
Student

\* What were you doing? [Choose Answer](#)  
Testing Student

\* Why were you doing this? [Choose Answer](#)  
Establishing if Special education Services Needed

☒ I certify that the answers submitted are accurate and complete.

Submit Close

Click "I certify that the answers submitted are accurate and complete."

### Reviewing or Editing saved data.

Once a moment is completed by clicking the "submit" button, it is automatically moved to the "Prior Moments" screen.

1. Click on 'Prior Moments.' You will see a list of moments.

2. Click on the date and minute to review the answers submitted.

Center for Health Care Financing  
UMASS MEDICAL SCHOOL  
A Commonwealth Medicine Center of Distinction

SCHOOL-BASED CLAIMING  
A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

My Profile | Home | Logoff

School District: Rivendell Interstate S. D. State: VT

Administrative Claiming

Random Moments

Online Training

Random Moment Survey

Welcome Indian Chief, Welcome note - no active moments

Active Moments

Prior Moments

Prior Moments may be revised only if they fall within the acceptable grace period for that moment. If you need to revise your moment during the grace period, please click on the applicable moment time below, revise your answers and resave your moment.

[12/14/2007 09:10 AM](#)

[12/14/2007 09:02 AM](#)

[12/14/2007 08:54 AM](#)

[12/14/2007 08:41 AM](#)

[12/14/2007 08:35 AM](#)

[12/14/2007 08:34 AM](#)

For further assistance, please e-mail [schoolbasedclaiming@umassmed.edu](mailto:schoolbasedclaiming@umassmed.edu); or call 1-800-535-6741.

3. Click on “Choose Answer” to edit your answer.

Center for Health Care Financing  
UMASS MEDICAL SCHOOL  
A Commonwealth Medicine Center of Distinction

SCHOOL-BASED CLAIMING  
A MISSION-DRIVEN APPROACH TO COST-EFFECTIVE HEALTH CARE

My Profile | Home | Logoff

School District: Elaine State: VA

Administrative Claiming

Random Moments

Online Training

Random Moment Survey

Profile

Participant : White Blouse Job Description : RN/LPN

Observation Moment : 12/17/2007 06:03 AM

\* Who were you with? [Choose Answer](#)  
Student

\* What were you doing? [Choose Answer](#)  
Testing Student

\* Why were you doing this? [Choose Answer](#)  
Establishing if Special education Services Needed

☒ I certify that the answers submitted are accurate and complete.

Submit Close

4. Select a new answer or type in an answer in the 'Other' box.

Center for Health Care Financing  
UMASS MEDICAL SCHOOL  
SCHOOL-B... A MISSION-DRIVEN...

Administrative Claiming  
Random Moments  
Online Training

Random Moments  
Profile  
Participant : v  
Observation M  
\* What v  
\* Who  
\* Why were

Providing medical services not in the IEP.  
Eligibility meeting.  
Providing medical services in the IEP  
IEP meeting.  
Staff meeting.

Other:

Save Close

Done Internet

5. Click 'Save.'
6. You will be returned to the Prior Moments screen.

NOTE: Answers can only be edited prior to the deadline.

## **SECTION IV – ACTIVITY CODES AND EXAMPLES**

---

### **ACTIVITY CODE (A) NON-MEDICAID OUTREACH**

This code is used when performing activities that inform eligible or potentially eligible individuals about non-Medicaid social, vocational and educational programs (including special education) and how to access them; describing the range of benefits covered under these non-Medicaid social, vocational and educational programs and how to obtain them. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Informing families about wellness programs and how to access these programs.
- Scheduling and promoting activities, which educate individuals about the benefits of healthy life-styles and practices.
- Conducting general health education programs or campaigns addressed to the general population.
- Conducting outreach campaigns directed toward encouraging persons to access social, educational, legal or other services not covered by Medicaid.
- Assisting in early identification of children with special medical/mental health needs through various child find activities.
- Outreach activities in support of programs, which are 100 percent, funded by State general revenue.
- Explain to or hold discussions with parents, students or families about social, vocational or educational programs:
  - Daycare
  - Food stamps or WIC
  - Educational services such SOL/SAT preparation classes
  - Social services such as Boys or Girls Club

## **ACTIVITY CODE (B) - MEDICAID OUTREACH\***

This code is used when performing activities that inform eligible or potentially eligible individuals about Medicaid and how to access it. Activities would include bringing potential eligibles into the Medicaid and FAMIS programs for the purpose of determining eligibility and arranging for the provision of Medicaid services. LEAs may only conduct outreach for the populations served by their school districts, i.e., students and their parents or guardians. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Informing Medicaid eligible and potential Medicaid eligible children and families about the benefits and availability of services provided by Medicaid (including preventive, treatment and screening) and services through the EPSDT program.
- Informing children and their families on how to effectively access, use, and maintain participation in all health resources under the Medicaid program.
- Compiling brochures designed to effectively inform eligible individuals about the EPSDT program and services, about how and where to obtain those services. This activity must be coordinated with the state Medicaid agency.
- Informing children and their families and distributing literature about the benefits and availability of the EPSDT program and other Medicaid programs.
- Informing children and their families on how to effectively use and maintain participation in all health resources under the Federal Medicaid program.
- Notifying families of EPSDT programs, such as screenings conducted at a school.
- Providing information regarding Medicaid managed care programs and health plans to individuals and families and how to access that system.

*\* This code includes activities performed for the Family Access to Medical Insurance Security (FAMIS) program – the state's Child Health Insurance Program (CHIP).*

**ACTIVITY CODE (C)**  
**FACILITATING APPLICATION FOR NON-MEDICAID PROGRAMS**

This code is used when informing an individual or family about programs such as TANF, Food Stamps, WIC, day care, legal aid, and other social or educational programs and referring them to the appropriate agency to make application. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Explaining the eligibility process for non-Medicaid programs, including IDEA.
- Assisting the individual or family collect/gather information and documents for the non-Medicaid program application.
- Assisting the individual or family in completing the application, including necessary translation activities.
- Developing and verifying initial and continuing eligibility for the Free and Reduced Lunch Program. When a school district employee is verifying a student's eligibility or continuing eligibility for Medicaid for the purpose of developing, ascertaining or continuing eligibility under the Free and Reduced Lunch program, report that activity under this code.
- Providing necessary forms and packaging all forms in preparation for the NON-Medicaid eligibility determination.
- Refer parents, students or families to the appropriate agency to complete applications to any program related to social, educational, or vocational services:
  - Scholarships
  - Free and Reduced Lunch Program
  - TANF, food stamps, WIC, day care, legal aid



**ACTIVITY CODE (D)**  
**FACILITATING MEDICAID ELIGIBILITY DETERMINATION\***

This code is used when assisting an individual in becoming eligible for Medicaid. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Verifying an individual's current Medicaid eligibility status.
- Explaining Medicaid eligibility rules and the Medicaid eligibility process to prospective applicants.
- Assisting individuals or families to complete a Medicaid eligibility application.
- Gathering information related to the application and eligibility determination for an individual, including resource information and third party liability (TPL) information, as a prelude to submitting a formal Medicaid application.
- Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.
- Referring an individual or family to the local Assistance Office to make application for Medicaid benefits.
- Assisting the individual or family in collecting/gathering required information and documents for the Medicaid application.

*\* This code includes activities performed for the Family Access to Medical Insurance Security (FAMIS) program – the state's Child Health Insurance Program (CHIP).*

**ACTIVITY CODE (E)**  
**SCHOOL RELATED AND EDUCATIONAL ACTIVITIES**

This code is used for any other school-related activities that are not health related, such as social services, educational services, and teaching services; employment and job training. These activities include the development, coordination, and monitoring of a student's education plan. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Providing classroom instruction (including lesson planning).
- Testing, correcting papers.
- Developing, coordinating, and monitoring the Individualized Education Plan (IEP) for a student, which includes ensuring annual reviews of the IEP are conducted, parental sign-offs are obtained, and the actual IEP meetings with the parents.
- Compiling attendance reports.
- Performing activities that are specific to instructional, curriculum, student-focused areas.
- Reviewing the education record for students who are new to the school district.
- Providing general supervision of students (e.g., playground, lunchroom).
- Monitoring student academic achievement.
- Providing individualized instruction (e.g., math concepts) to a special education student.
- Conducting external relations related to school educational issues/matters.
- Compiling report cards.
- Applying discipline activities.
- Performing clerical activities specific to instructional or curriculum areas.
- Activities related to the immunization requirements for school attendance.
- Performing activities that are specific to instructional, curriculum, student-focused areas.
- Compiling, preparing, and reviewing reports on textbooks or attendance.

- Enrolling new students or obtaining registration information.
- Conferring with students or parents about discipline, academic matters or other school related issues.
- Evaluating curriculum and instructional services, policies, and procedures.
- Participating in or presenting training related to curriculum or instruction (e.g., language arts workshop, computer instruction).
- Translating an academic test for a student.
- Performing clerical activities specific to instructional or curriculum areas.

**ACTIVITY CODE (F1)**  
**DIRECT MEDICAL SERVICES – IEP RELATED SERVICES**

This code is used when providing care, treatment, and/or counseling services to an individual in order to correct or ameliorate a specific condition. Both written and oral methods may be used. This code includes the provision of all Medicaid and FAMIS covered medical services included in the IEP and reimbursed through the cost report. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Conducting psychiatric and psychology services including individual, group and family medical psychotherapy services included in an IEP
- Providing personal care services included in an IEP.
- Providing speech, occupational and physical therapies included in an IEP.
- Providing audiology services included in an IEP.
- Providing skilled nursing services such as dressing changes, maintaining patient airways, urinary catheterization, included in an IEP.
- Administering/monitoring of medication included as part of an IEP and documented in the IEP. Administration of Ritalin would be included in this activity code if included in an IEP. Not all students with an IEP have medication administration as part of the IEP. Medication administration would not include those medicines that would be provided to the entire student population, for example, administration of aspirin. Please refer to Activity Code F2 for other examples of drugs whose administration would not be prescribed in an IEP.
- Providing medical evaluation services included in an IEP.
- Completing Medicaid claims and related claiming activities.

This code also includes pre and post time directly related to providing direct client care services when the student/client is not present. Examples of pre and post time activities when the student/client is not present include: time to complete all paperwork related to the direct client care services, such as preparation of progress notes, translation of session notes, review of evaluation testing/observation, planning activities for the therapy session, travel to/from the therapy session, or completion of billing activities.

**ACTIVITY CODE (F2)**  
**DIRECT MEDICAL SERVICES – NON-IEP RELATED SERVICES**

This code is used when providing care, treatment, and/or counseling services to an individual in order to correct or ameliorate a specific condition. This code excludes the provision of all Medicaid and FAMIS covered medical services included in the IEP and reimbursed through the cost report. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Administering first aid.
- Administering medication to a student not included in an IEP. For example, medication for a short-term illness or recent injury would not normally be included in an IEP. Some examples of drugs whose administration would not be related to an IEP are pain medication, cold medication and antibiotics. While administration of Ritalin may be included in an IEP, it may not always be included in an IEP. The nurse should mark this non-IEP code unless he or she has determined that the medication administration is included in the IEP.
- Any direct clinical/treatment services not prescribed in an IEP.
- Performing developmental assessments that are not related to an IEP.
- Providing counseling services not prescribed in an IEP to treat health, mental health, or substance abuse conditions.
- Performing routine or mandated child health screens including but not limited to vision, hearing, dental, scoliosis, and EPSDT screens.
- Providing immunizations.

**ACTIVITY CODE (F3)**  
**DIRECT MEDICAL SERVICES – IEP RELATED AND NON-IEP RELATED**  
**SERVICES**

This code is used when conducting evaluations of students for the specific purpose of determining the need for an IEP calling for a Medicaid covered school based service. Such an evaluation could result either in a finding of no Medicaid covered services being necessary resulting in an activity code of F2 for that moment, or in a finding that a Medicaid covered service was appropriate resulting in an activity code of F1 for the moment. Because the practitioners are not able to determine at the time of the random moment whether such an evaluation would result in a finding for an IEP including billable services that are necessary, all of these moments occurring during this type of evaluation are placed in this temporary category and are re-allocated to F1 and F2 based on a proportion of evaluations which lead to IEPs with billable services. The factor used to allocate between the billable and non billable moments is the ratio of IEP evaluations determined to result in an IEP compared to all IEP evaluations during the year as gathered from all school districts' billing services. This category would not include any moments attending an IEP meeting since that function is not billable and is coded E. Both written and oral methods may be used. This code includes the provision of all Medicaid and FAMIS covered medical services included in the IEP and reimbursed through the cost report. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Conducting evaluations, assessments, re-evaluations and triennial evaluations to determine the need for an IEP for a student in preparation for an IEP meeting to determine whether services are necessary.

**ACTIVITY CODE (G)**  
**TRANSPORTATION FOR NON-MEDICAID SERVICES**

This code is used when assisting an individual to obtain transportation to services not covered by Medicaid, or accompanying the individual to services not covered by Medicaid. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Scheduling or arranging transportation to social, vocational, and/or educational programs and activities.
- Assist parents, students or families to obtain transportation to social, vocational or educational programs such as:
  - Field trips
  - Athletic events
  - School dances
- Arrange and coordinate transportation to non-Medicaid related services.

**ACTIVITY CODE (H)**  
**TRANSPORTATION-RELATED ACTIVITIES IN SUPPORT OF MEDICAID**  
**COVERED SERVICES**

This code is used when assisting an individual to obtain transportation to services covered by Medicaid. This does not include the provision of the actual transportation service or the direct costs of the transportation (bus fare, taxi fare, etc.) but rather the administrative activities involved in providing transportation. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Scheduling or arranging transportation to Medicaid covered services.



**ACTIVITY CODE (I)**  
**NON-MEDICAID TRANSLATION**

This code is used when school employees provide translation services related to social, vocational, or educational programs and activities as an activity separate from the activities referenced in other codes. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Arranging for or providing translation services that assist the individual to access and understand non-medical services.
- Arranging for or providing translation services that assist the individual to access and understand non-medical programs and activities.
- Arranging for or providing signing services that assist the individual or family access and understand non-medical programs and activities.

**ACTIVITY CODE (J)**  
**TRANSLATION RELATED TO MEDICAID SERVICES**

This code is used when school employees provide translation services related to Medicaid covered services as an activity separate from the activities referenced in other codes. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Arranging for or providing translation services that assist the individual to access and understand necessary care or treatment;
- Arranging for or providing signing services that assist the individual or family access and understand necessary care or treatment.

**ACTIVITY CODE (K)**  
**PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY**  
**COORDINATION RELATED TO NON-MEDICAL SERVICES**

This code is used when school staff perform activities associated with the development of strategies to improve the coordination and delivery of non-medical/non-mental health services to school age children, and when performing collaborative activities with other agencies. Non-medical services may include social, educational, and vocational services. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Identifying gaps or duplication of other non-medical services (e.g., social, vocational and educational programs) to school age children and developing strategies to improve the delivery and coordination of these services.
- Developing strategies to assess or increase the capacity of non-medical school programs.
- Monitoring the non-medical delivery systems in schools.
- Developing procedures for tracking families' requests for assistance with non-medical services and the providers of such services.
- Evaluating the need for non-medical services in relation to specific populations or geographic areas.
- Analyzing non-medical data related to a specific program, population, or geographic area.
- Working with other agencies providing non-medical services to improve the coordination and delivery of services and to improve collaboration around the early identification of non-medical problems.
- Defining the scope of each agency's non-medical service in relation to the other.
- Developing advisory or work groups of professionals to provide consultation and advice regarding the delivery of non-medical services to the school populations.
- Developing non-medical referral sources.
- Coordinating with interagency committees to identify, promote and develop non-medical services in the school system.

**ACTIVITY CODE (L)**  
**PROGRAM PLANNING, POLICY DEVELOPMENT, AND INTERAGENCY**  
**COORDINATION RELATED TO MEDICAL SERVICES**

This code is used when school staff when perform activities associated with the development of strategies to improve the coordination and delivery of Medicaid coverable medical/mental health services to school age children, and when performing collaborative activities with other agencies. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Identifying gaps or duplication of medical/mental services to school age children and developing strategies to improve the delivery and coordination of these services.
- Developing strategies to assess or increase the capacity of school medical/mental health programs.
- Monitoring the medical/mental health delivery systems in schools.
- Developing procedures for tracking families' requests for assistance with Medicaid services and providers. (This does not include the actual tracking of requests for Medicaid services.)
- Coordinating with interagency committees to identify, promote and develop EPSDT services in the school system.
- Working with other agencies providing Medicaid services to improve the coordination and delivery of services, to expand access to specific populations of Medicaid eligibles, and to improve collaboration around the early identification of medical problems.
- Defining the scope of each agency's Medicaid service in relation to the other.
- Working with Medicaid resources, such as the managed care plans, to make good faith efforts to locate and develop EPSDT health services referral relationships.
- Developing advisory or work groups of health professionals to provide consultation and advice regarding the delivery of health care services to the school populations.
- Developing medical referral sources such as directories of Medicaid providers and managed care plans, which will provide services to targeted population groups, e.g., EPSDT children. This activity must be coordinated with the state Medicaid agency.

**ACTIVITY CODE (M)**  
**NON-MEDICAID TRAINING**

This code is used when coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefit of the programs other than the Medicaid program such as educational programs; for example, how to assist families to access the services of the relevant programs, and how to more effectively refer students for those services. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Participating in or coordinating training, which improves the delivery of services for programs other than Medicaid.
- Participating in or coordinating training, which enhances IDEA child find programs.

**ACTIVITY CODE (N)**  
**MEDICAID SPECIFIC TRAINING**

This code is used when coordinating, conducting, or participating in training events and seminars for outreach staff regarding the benefit of the Medicaid program, how to assist families to access Medicaid services, and how to more effectively refer students for services. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Participating in or coordinating training, which improves the delivery of Medicaid services.
- Participating in or coordinating training, which enhances early identification, intervention, screening and referral of students with special health needs to EPSDT services. This is distinguished from training on the IDEA child find program.

**ACTIVITY CODE (O)**  
**REFERRAL, COORDINATION, AND MONITORING OF NON-MEDICAID**  
**SERVICES**

This code is used when making referrals for, coordinating, and/or monitoring the delivery of non-medical, such as educational services. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

- Making referrals for and coordinating access to social and educational services such as childcare, employment, job training, and housing.
- Making referrals for, coordinating, and/or monitoring the delivery of State education agency mandated child health screens (vision, hearing, and scoliosis).
- Making referrals for, coordinating, and monitoring the delivery of scholastic, vocational, and other non-health related examinations.
- Gathering any information that may be required in advance of these non-Medicaid related referrals.
- Participating in a meeting/discussion to coordinate or review a student's need for scholastic, vocational, and non-health related services not covered by Medicaid.
- Monitoring and evaluating the non-medical components of the individualized plan as appropriate.

**ACTIVITY CODE (P)**  
**REFERRAL, COORDINATION, AND MONITORING OF MEDICAID SERVICES**

This code is used when making referrals for, coordinating, and/or monitoring the delivery of medical (Medicaid covered) services. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities. Activities that are an integral part of or an extension of a medical service (e.g., patient follow-up, patient assessment, patient counseling, patient education, patient consultation, billing activities) should be reported under Code F1 or F2 (or F3?), Direct Medical Services. Activities related to the development of an IEP (other than medical assessments) should be reported under Code E, School Related and Educational Activities.

- Making referrals for and/or coordinating medical or physical examinations and necessary medical/mental health evaluations.
- Making referrals for and/or scheduling EPSDT screens, interperiodic screens, and appropriate immunization, but NOT to include the State-mandated health services.
- Referring students for necessary medical health, mental health, or substance abuse services covered by Medicaid.
- Arranging for any Medicaid covered medical/mental health diagnostic or treatment services, which may be required as the result of a specifically identified medical/mental health condition based on the findings other than when provided as a direct service.
- Gathering any information that may be required in advance of these referrals.
- Providing follow-up contact to ensure that a child has received the prescribed medical/mental health services.
- Providing information to other staff on the child's related medical/mental health services and plans.
- Providing information about Medicaid EPSDT screening (e.g., dental, vision) in the schools that will help identify medical conditions that can be corrected or improved by services through Medicaid.
- Participating in a meeting/discussion to coordinate or review a student's needs for health-related services covered by Medicaid.
- Coordinating the delivery of community based medical/dental/mental health services for a child with special/severe health care needs.



- Coordinating the completion of the prescribed services, termination of services, and the referral of the child to other Medicaid service providers as may be required to provide continuity of care.
- Monitoring and evaluating the Medicaid service components of the IEP as appropriate.

**ACTIVITY CODE (Q)**  
**GENERAL ADMINISTRATION**

This code should be used when performing activities that are not directly assignable to program activities. Both written and oral methods may be used. Include related paperwork, clerical activities or staff travel required to perform these activities.

Below are typical examples of general administrative activities, but they are not all inclusive.

- Taking lunch, breaks, leave, or paid time not at work.
- Establishing goals and objectives of health-related programs as part of the school's annual or multi-year plan.
- Reviewing school or district procedures and rules.
- Attending or facilitating school or unit staff meetings, training, or board meetings.
- Performing administrative or clerical activities related to general building or district functions or operations.
- Providing general supervision of staff, including supervision of student teachers or classroom volunteers, and evaluation of employee performance.
- Reviewing technical literature and research articles.
- Participating in or coordinating training on the RMS Time Study, including completion of the time study.
- Other general administrative activities of a similar nature as listed above, which cannot be specifically identified under other activity codes.

## SECTION V

### TIME STUDY POOLS BY JOB POSITION

Position	Administrative Services Only Pool	Nursing, Psychological and Medical Services Pool*	Therapy Services Pool*
Speech Therapist			X
Speech Asst./Aide			X
OT			X
OT Aide			X
PT			X
PT Aide			X
Audiologist/Hearing Impaired Specialist			X
Psychologist		X	
Psychiatrist		X	
Social Worker		X	
Billing Personnel		X	
Physician		X	
RN/LPN		X	
Nurse Aide		X	
Nurse Practitioner		X	
Personal Care Assistants		X	
Nursing Director or Administrator (only if providing direct services)		X	
Psychologist Intern	X		
Vision Specialist	X		
Adjustment Counselor	X		
Guidance Counselor	X		
Case Manager	X		
Substance Counselor	X		
Health Coordinator	X		
Sign Language Interpreter	X		
Director of Guidance	X		
Special Education Director, Administrator or Assistant	X		
Clerical and Technical Support Personnel	X		
Medicaid Coordinator	X		

\*Medical service personnel must meet all DMAS qualifications and requirements. If they do not, they are included in the admin only cost pool.

Note: A person who performs more than one job position may be included in one of the medical services time study pools if at least one of the job positions would qualify for that pool.

## SECTION VI

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UNIVERSITY of  
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**Senior Biostatistician**  
**Instructor in Biostatistics**

September 24, 2008

### **Results of Power Analysis (sample size computation).**

I performed power analyses to determine sample size estimates needed to generate estimates of the proportions of Medicaid Reimbursable Effort (MRE) for a state client of Commonwealth Medicine 's Municipal Medicaid Program.

I was informed that there were four finite study pools ranging in possible size from 250 to 9400 providers each. Assuming a 13 week quarter with a 40 hour work week results in a 156 thousand one minute moments per provider. A necessary assumption is that participation (or non-participation) is strictly random and that scientific random sampling (with replacement) will be used. This assumption is necessary for a credible claim on unbiasedness of estimates.

I generated sample size estimates for each provider group based on simple random sampling with replacement (i.e. providers and even moments might be picked more than once by chance) from finite populations to achieve the specified "margin of error" of  $\pm 2\%$  for 95% confidence intervals for estimates of proportions for each group of providers.

Because the variance of a proportion is a function of a proportion and the variance is maximized when the proportion is 0.5, I used that proportion in my assumptions (i.e. a "worst case" assumption).

Because of the large number of moments per provider the finite population of moments is actually so large as to be practically infinite, hence the required sample size to achieve 95% confidence intervals that are 4% wide (i.e. a "margin of error" of  $\pm 2\%$ ) **a sample size of 2401 moments** would be needed for each of the groups. Using the estimated proportions from each group to get a pooled estimate of the overall proportion (i.e. an estimate based on stratified random sampling with the groups as strata) would result in 95% confidence intervals that are easily no larger than 4% wide (i.e. a margin of error of  $< 2\%$ ).

Please let me know if this meets your needs or if additional information is necessary.

Sincerely,

Stephen P. Baker

## SECTION VII

**Categories of RMTS Moment Status and Their Treatment in Response Rate Calculations**

Status	Definition	Status is Complete	Comments	Included in Numerator	Included in Denominator
Auto Mapped	The state is configured to systematically select the activity code based on the responses the Health Personnel provides to the moment questions. If the responses are set up to a specific activity code, that code will be automatically mapped to that moment.	Yes	If the responses do not make sense or if a manual response is typed the moment cannot be auto mapped. Auto mapped responses do not require UMass personnel reviewing and approving the activity code selection.	Yes	Yes
Incomplete	Active moments that have not been completed by the Health Personnel will keep a status of Incomplete.	No	Moments are considered as active while from the time they are generated through the end of their grace period. Health Personnel may only respond to or change responses on active moments.	No	No
Incomplete Expired	Moments that have not been completed by the Health Personnel and are past their grace period.	No	Once a moment is expired, the Health personnel can no longer open the moment and work on it.	No	Yes
Manual Incomplete	If the state is set up to auto mapping and the moment had no activity code systematically selected because: <ul style="list-style-type: none"> <li>Health Personnel manually types a response</li> <li>Activity Code is set to "Review Code"</li> </ul>	Yes for the Health Personnel. No for the UMass personnel.	UMass personnel will either need to select the activity code or obtain more information from the health personnel before selecting the activity code.	No	No
Pending	When the response from the Health Personnel needs further explanation or additional information, the UMass personnel will send an e-mail to the Health Personnel and manually change the status to Pending.	Yes for the Health Personnel. No for the UMass personnel.	UMass personnel are responsible to check and uncheck the Pending box. While it is checked, the status will remain in Pending.	No	Yes
Approved	The state is set up to require UMass personnel to approve manually selected activity codes and all approvals have been completed.	Yes	The state may be set up for up to three approvals.	Yes	Yes
Approval Required	The state is set up to require UMass personnel to review and approve manually selected activity codes and the code had been manually selected by UMass personnel.	Yes for the Health Personnel. No for the UMass personnel.		No	No
Left SD / LOA (Left School Division / is on Leave of Absence)	The school division Medicaid or RMTS Coordinator supplies the Left SD/LOA data.	Yes	Because the Left SD/LOA response comes from other than the sampled personnel, it is not counted as a response or a non-response and is excluded from calculations of response/non-response rates.	No	No
Not Paid Time	The time study participant indicates that the moment was at a time when he/she was not scheduled to work.	Yes	Because the "Not Paid Time" response is provided by the sampled personnel, it is counted as a completed response.	Yes	Yes